

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 3-26-01.
 - b. The request was received on 3-7-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
Response was untimely..
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-4-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 6-10-02. The response from the insurance carrier was received in the Division on 6-24-02. Based on 133.307 (i) the insurance carrier's response is untimely.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 8-15-01:
"...a prescribed Ortho Bed was billed at \$1585.00 and we were paid \$1347.00 leaving a balance of \$237.75...We obtained Pre-Authorization per TWCC rule #134.600 for the equipment. The TWCC rule clearly states that we are to reimbursed at the estimated cost of amount, which was the full billed amount and are not to be considered under your ARCMI guideline."
2. Respondent:
The Respondent's response was untimely and consequently not eligible for review.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 3-26-01.
2. The carrier denied the billed services as reflected on the EOBs as, “N – 253 – Not Documented”; “253 – IN ORDER TO REVIEW THIS CHARGE WE WILL NEED A COPY OF THE INVOICE”; “Reimbursement was based on ARCMCI’s fair and reasonable guideline.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
3-26-01	E1399	\$1585.00	\$1347.25	N, 235 and M	DOP	TWCC Act & Rules Sec. 413.011 (d), Rules 133.304 (i) & 133.307 (3 (g) (D) MFG: General Instructions (III) (A); MFG: Durable Medical Equipment (DME) Ground Rules; (IX) (C);	<p>The Carrier has denied the disputed HCPCS code as “N – 253 – Not Documented”; “253 – IN ORDER TO REVIEW THIS CHARGE WE WILL NEED A COPY OF THE INVOICE”; “Reimbursement was based on ARCMCI’s fair and reasonable guideline.”</p> <p>Documentation supports that the service was rendered as billed. While the requestor has attached a copy of an example EOB, they have failed to discuss, demonstrate and/or justify that the payment being sought is fair and reasonable.</p> <p>The carrier has reimbursed the provider \$1,347.25 of a \$1,585.00 charge. However, the carrier has failed to support this reimbursement with documentation that discusses, demonstrates and/or justifies that the payment made represents fair and reasonable.</p> <p>The law or rules are not specific in the amount of evidence that has to be submitted for a determination of fair and reasonable.</p> <p>Therefore, regardless of the carrier’s lack of methodology and response, the burden remains on the provider to show that the amount of reimbursement requested is fair and reasonable and “...designed to ensure the quality of medical care and to achieve effective medical cost control.” The evidence submitted was not sufficient to support that the provider’s billed amount was fair and reasonable as required by Sec. 413.011 (d) of the Texas Labor Code.</p> <p>Therefore, additional reimbursement is not recommended.</p>
Totals		\$1585.00	\$1347.25				The Requestor is not entitled to additional reimbursement.

MDR: M4-02-2682-01

The above Findings and Decision are hereby issued this 31st day of January_2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll